

DEADLINE:

Please return application &
supplemental questionnaire in
person or by U.S. Mail with a
postmark on or before:

POSITION OPEN UNTIL
FILLED

City-County Employment Office

Your Telephone # _____ Email _____ Date _____

MAINTENANCE OPERATOR II

Public Works & Utilities/Wastewater/Water Pollution Control

Req. #17023

SUPPLEMENTAL QUESTIONNAIRE

Name: _____ Social Security # _____

*Please allow 2 weeks from the closing date of this position before expecting
to receive notice (one way or another) with regards to an interview.*

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant,** provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

1. **a)** Do you have a valid Nebraska Class III Wastewater Treatment Plant Operator Certification? YES ____ NO ____

b) If "NO", do you have an equivalent certification from another state? YES ____ NO ____
If yes, please indicate the following:

State: _____ Level of Certification: _____

2. Do you have experience in a variety of maintenance, repair, and construction activities?
YES ____ NO ____ If yes, please list employer(s), how long you performed these duties and describe your experience.

Employer: _____ How long? ____ Yrs ____ Mos

Employer: _____ How long? ____ Yrs ____ Mos

Experience: _____

(CONTINUED ON REVERSE)

3. Do you have experience in craft disciplines such as electrical and mechanical maintenance? YES ____ NO ____ If yes, please list employer(s), how long you performed these duties and describe your experience.

Employer: _____ How long? ____ Yrs ____ Mos

Employer: _____ How long? ____ Yrs ____ Mos

Experience: _____

4. Do you have experience in the operation of a wastewater treatment plant? YES ____ NO ____ If yes, please list employer(s), how long you performed these duties and describe your experience.

Employer: _____ How long? ____ Yrs ____ Mos

Employer: _____ How long? ____ Yrs ____ Mos

Experience: _____

5. Do you have mechanical experience maintaining equipment associated with wastewater or water treatment facilities? YES ____ NO ____ If yes, list your employer(s) and describe your experience including the type of equipment.

Employer: _____

Employer: _____

Experience: _____

(CONTINUED ON NEXT PAGE)

6. Do you have certification or have you received technical training as a maintenance mechanic or technician? YES ____ NO ____ If yes, list where you received this technical training and/or certification and describe your experience.

Employer: _____

Employer: _____

Experience: _____

7. Do you have experience working with a computerized maintenance management system or some form of records management or work order system that provides task description and where daily activities, labor hours and materials were recorded? YES ____ NO ____ If yes, please list your employers and describe your experience.

Employer: _____

Employer: _____

Experience: _____

8. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln Police Department requires the following information.

I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information: _____

(Please initial)

Last Name

First Name

Middle Name

Birth date

Sex

Maiden Name (if applicable)

IMPORTANT – PLEASE NOTE POLICY BELOW:

I understand that **ALL convictions** for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been “*set aside*”, “*probationed*” or “*pardoned*”, **must be listed on the front of the application form or on an attached sheet.** Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

(CONTINUED ON NEXT PAGE)

9. VERIFICATION OF DRIVER'S LICENSE FOR EMPLOYEES

I understand, as a condition of my employment for the position for which I am applying with the City of Lincoln/Lancaster County, that I must at all times be legally licensed to operate a motor vehicle. I hereby certify that:

A) _____ I am legally licensed to operate a motor vehicle in the State of Nebraska.

Nebraska License #: _____ Expires: _____

Date of Birth: _____ Date of Issuance: _____

B) _____ I am legally licensed to operate a motor vehicle issued by another state.

State: _____ License #: _____ Expires: _____

Date of Birth: _____ Date of Issuance: _____

I understand state law requires operators possessing a driver's license from another state **must obtain a valid Nebraska Driver's license within 30 days of change of residence.**

Further, I understand that if my driving privileges and/or license is at any time suspended, revoked, impounded, or in any other way removed by the State of Nebraska, that I must notify my supervisor within 30 days of a conviction for any type of violation (except parking) which does not result in a loss of my driving privileges. Forms are available in each department.

Further, I understand that this document is an official City/County record, and that falsification of this document, or failure to report loss of driving privileges and/or license in the future is grounds for my being disciplined, if hired, or removed from the list of certified eligibles.

Date

Applicant Signature

10. Have you listed on the application form ALL jobs and education described on this questionnaire?

YES ____ NO ____

NOTE: FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.